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Application Data Sheet 37 CFR			CED	Attorney Docket Number			PHUS040132US2					
			CIK	1.70	Applica	ation I	Numbe	er				
Title of In	Title of Invention AMBULATORY PHYSICANCELLATION FEAT				DLOGICAL MONITOR HAVING A PATIENT-ACTIVATED EMERGENCY ALERT URE							
bibliographic This docume	The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76. This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.											
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Applica	nt Inforn	nation:										
Applicant	1										Remove	
Applicant	Authority	Inventor	OLe	gal Rep	resentativ	/e und	er 35 (J.S.C. 11	7	Party of In	terest under 35 U.S.	C. 118
Prefix G	iven Name			Mi	iddle Na	me			Fam	ily Name		Suffix
Ja	ames			Kı	nox				RUS	SELL		
Residenc	e Informati	on (Select	One)	US	Residenc	у (O No	n US Re	sidency	y Active	e US Military Service	;
City B	ainbridge Islai	nd		State/	Province	e '	WA	Countr	y of R	Residence i	US	
Citizensh	ip under 37	CFR 1.41(b) i	US		•						
Mailing A	ddress of A	pplicant:										
Address	1	11305 L	arix Pla	ice, NE								
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Applicant	2										Remove	
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Address	1	23309 2	1st Ave	. SE								
Address	2											
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Application Da	ot 27 CED 4 76	Attorney Dock	et Number	PHUS040132US2			
Application Data She		et 37 CFK 1.76	Application Number				
Title of Invention AMBULATORY PHYSIOLOG CANCELLATION FEATURE				HAVING A PA	TIENT-ACTIVATED EMERGENCY ALERT		
Customer Number		38107	38107				
Email Address			Add Email Remove Email				
Application Ir	nforma	ation:					
Title of the Invent	io n	AMBULATORY PHYSIOLOGICAL MONITOR HAVING A PATIENT-ACTIVATED EMERGENCY ALERT CANCELLATION FEATURE					
Attorney Docket I	Number	PHUS040132US2		Small Ent	tity Status Claimed 🔲		
Application Type		Nonprovisional					
Subject Matter		Utility					
Suggested Class	(if any)			Sub Clas	s (if any)		
Suggested Techn	ology C	enter (if any)		•	•		
Total Number of Drawing Sheets (if any)			2	Suggeste	ed Figure for Publication (if any)		
Publication Inform	nation:						
Request Early	/ Publica	tion (Fee required	at time of Reques	t 37 CFR 1.2	219)		
,		, ,			not be published under 35 U.S.C. 122(b) not been and will not be the subject of an		

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Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.

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Customer Number

38107

application filed in another country, or under a multilateral agreement, that requires publication at eighteen months

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Prior Application Status	Abandoned	Remove					
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)				
60/548026		2004-02-26					
Additional Domestic Priority Data may be generated within this form by selecting the Add button.							

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Application Da	ita Sheet 37 CFR 1.76	Attorney Docket Number	PHUS040132US2	
Application Bo	ita onector or it i.ro	Application Number		
Title of Invention	AMBULATORY PHYSIOLOG CANCELLATION FEATURE	ICAL MONITOR HAVING A PA	TIENT-ACTIVATED EMERGENCY ALERT	

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

		Re	move				
Application Number	Country	Parent Filing Date (YYYY-MM-DD)	Priority Claimed				
PCT/IB2005/050429	WO	2005-02-01	● Yes ○ No				
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Assignee Information:

	i n the applicatio n data sheet does n ot s sig n me n t recorded in the Office.	substitute for compliance w	ith any requirement of part 3 of Title 37			
Assignee 1			Remove			
If the Assignee is an Or	ganization check here.					
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Mailing Address Infor	mation:					
Address 1	Groenewoudseweg 1					
Address 2						
City	Eindhoven	State/Province				
Country NL		Postal Code	NL-5621 BA			
Phone Number		Fax Number				
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Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.								
Signature	/Thomas M. Lundin/		Date (YYYY-MM-DD)	2006-08-23				
First Name	First Name Thomas Last Name Lundin		Registration Number	48979				

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